

To:
Dentists
HMOs and Other
Managed Care
Programs

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

PHC 1250

Changes to Anesthesia Coverage for Pediatric Dentists and Oral Surgeons

The policy described in this *Wisconsin Medicaid and BadgerCare Update* applies only when the following services are performed in a dental office.

Effective for dates of service (DOS) on and after August 1, 2004, Wisconsin Medicaid no longer requires prior authorization (PA) for the following services when they are provided by a pediatric dentist (D9241 and D9248) or an oral surgeon (D9220, D9241, and D9248) for a recipient less than 21 years of age on the DOS:

- D9220 (deep sedation/general anesthesia — first 30 minutes).
- D9241 (intravenous conscious sedation/analgesia — first 30 minutes).
- D9248 (non-intravenous conscious sedation).

Prior authorization is still required for recipients 21 years of age and older in a nonemergency situation. Prior authorization is never required when an emergency is indicated on the claim form.

Dentists are required to be certified with Wisconsin Medicaid as pediatric dentists or oral surgeons for this policy to apply. Providers who are unsure of their Medicaid certification may call Provider Services at (800) 947-9627 or (608) 221-9883 to find out.

Note: General anesthesia and intravenous conscious sedation are reimbursed under procedure codes D9220 and D9241 only.

Reimbursement under these codes is for the entire procedure, regardless of the length of the procedure. Wisconsin Medicaid does not reimburse for procedure codes D9221 (deep sedation/general anesthesia — each additional 15 minutes) or D9242 (intravenous conscious sedation/analgesia — each additional 15 minutes), nor may the recipient be charged for these services.

Hospital Services

Dentists performing inpatient or outpatient hospital services are still required to request PA for code D9420 (hospital call), unless the recipient is five years of age or younger on the DOS or an emergency is indicated on the claim form. The anesthesia procedure should be billed by the performing anesthesiologist. Because anesthesiologists' hospital services are covered by Medicaid HMOs for their enrollees, the hospital or anesthesiologist should contact the HMO prior to providing these services.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients who receive their dental benefits on a fee-for-service basis. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.